

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | ED | | 9.15.00 |
| O.I.P.E. CLASSIFIER | | 19 | 9.2.00 |
| FORMALITY REVIEW | EL | 823 | 10/18 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 - Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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